

# TACTICAL RESPONSE REPORT / Chicago Police Department

INCIDENT	DATE OF INCIDENT		TIME	ADDRESS OF OCCURRENCE S COMMERCIAL AVE CHICAGO, IL 60617		LOCATION CODE 303	BEAT/OCCUR. 0424	VIDEO RECORDED INCIDENT <input type="checkbox"/> BVC <input type="checkbox"/> IN-CAR VIDEO <input type="checkbox"/> OTHER VIDEO			
	BUSINESS NAME		<input checked="" type="checkbox"/> DNA	EXACT AREA WITHIN LOCATION (E.G., BASEMENT, STAIRWAY, BEDROOM)			ASSIGNMENT TYPE <input type="checkbox"/> ON-VIEW <input type="checkbox"/> OTHER <input type="checkbox"/> SUPERVISOR DIRECTED <input checked="" type="checkbox"/> CALL FOR SERVICE				
	EVENT NO.		RD NO.	JR NO.	CB NO.	CHARGE		INVOLVED A MOTOR VEHICLE PURSUIT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
18248		JB308950									
INVOLVED MEMBER	LIGHTING <input type="checkbox"/> DUSK <input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DARKNESS <input checked="" type="checkbox"/> ARTIFICIAL		WEATHER <input type="checkbox"/> RAIN <input type="checkbox"/> CLEAR <input checked="" type="checkbox"/> CLOUDY	PATROL TYPE? <input type="checkbox"/> BICYCLE <input type="checkbox"/> POLICE CAR <input type="checkbox"/> FOOT	<input type="checkbox"/> SQUADROL <input type="checkbox"/> MOTORCYCLE/PAPV <input type="checkbox"/> VAN/BUS	OTHER: <input checked="" type="checkbox"/> ARMORED	MEMBER WAS? <input type="checkbox"/> ALONE <input checked="" type="checkbox"/> WITH PARTNER	ASSIST UNITS <input type="checkbox"/> ON SCENE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INCIDENT <input type="checkbox"/> INDOOR <input checked="" type="checkbox"/> OUTDOOR		
	RANK 9161		LAST NAME MOLINA		FIRST NAME LUIS		SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE WHITE HISPANIC	AGE 51	HT. 511	WT. 200
	DATE OF APPT. 13-DEC-1993		UNIT & BEAT OF ASSIGN. 353		DUTY STATUS <input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	IN UNIFORM? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF MEMBER INJURY <input type="checkbox"/> None / None Apparent <input type="checkbox"/> Minor Swelling <input checked="" type="checkbox"/> Minor Contusion/Laceration <input type="checkbox"/> Complaint of Substantial Pain <input type="checkbox"/> Significant Contusion	Laceration Requiring Sutures <input type="checkbox"/> <input type="checkbox"/> Broken/Fractured Bone(s) <input type="checkbox"/> Heart Attack/Stroke/Aneurysm <input type="checkbox"/> Other (Explain)	Gun Shot <input type="checkbox"/> <input type="checkbox"/> Fatal <input type="checkbox"/> Other (Explain)		
SUBJECT INFORMATION	LAST NAME LLAMAS		FIRST NAME LUIS		M.I. <input checked="" type="checkbox"/> M <input type="checkbox"/> F	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE WHITE HISPANIC	D.O.B. 1993	HT. 510	WT. 180	
	ADDRESS		TELEPHONE NO.		CONDITION <input type="checkbox"/> Apparently Normal <input type="checkbox"/> Injured Unrelated to Force <input type="checkbox"/> Under Influence of Alcohol		<input checked="" type="checkbox"/> Injured by Member <input type="checkbox"/> Alleges Injury by Member <input type="checkbox"/> Mental Illness / Emotional Disorder	Under Influence of Drugs <input type="checkbox"/> <input type="checkbox"/> Non-Fatal - Minor Injury <input type="checkbox"/> Subject Alleged Injury <input type="checkbox"/> Non-Fatal - Major Injury <input type="checkbox"/> Fatal	SLF INFILCTD		
	MEDICAL TREATMENT? <input type="checkbox"/> Refused Medical Aid		<input type="checkbox"/> Offered/EMS Requested		<input type="checkbox"/> Performed by Member <input checked="" type="checkbox"/> Performed by CFD EMS		SWAT MEDIC	SUBJECT INJURY BY MEMBER'S USE OF FORCE? <input type="checkbox"/> None/None Apparent <input type="checkbox"/> Non-Fatal - Minor Injury <input type="checkbox"/> UNK <input type="checkbox"/> Subject Alleged Injury <input type="checkbox"/> Non-Fatal - Major Injury <input type="checkbox"/> Fatal			
SUBJECT'S ACTIONS (Check all that apply)	<input checked="" type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/> VERBAL THREATS <input type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> PULLED AWAY <input checked="" type="checkbox"/> FLED <input type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON <input type="checkbox"/> OTHER (DESCRIBE)		<input type="checkbox"/> PHYSICAL ATTACK WITHOUT WEAPON. (SPECIFY) <input type="checkbox"/> HAND/ARM/ELBOW STRIKE <input type="checkbox"/> KNEE/LEG STRIKE <input type="checkbox"/> MOUTH/TEETH/SPIT <input type="checkbox"/> PUSH/SHOVE/PULL <input type="checkbox"/> GRAB/HOLD/RESTRAIN <input type="checkbox"/> WRESTLE/GRAPPLE <input type="checkbox"/> OTHER (DESCRIBE)		<input type="checkbox"/> THROWN OBJECT (DESCRIBE)		WAS SUBJECT ARMED WITH WEAPON? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES, DESCRIBE BELOW:				
							<input type="checkbox"/> BLUNT OBJECT <input type="checkbox"/> CHEMICAL WEAPON <input type="checkbox"/> TASER/STUN GUN <input type="checkbox"/> VEHICLE <input checked="" type="checkbox"/> SEMI-AUTO PISTOL	<input type="checkbox"/> KNIFE/CUTTING INSTRUMENT <input type="checkbox"/> REVOLVER <input type="checkbox"/> RIFLE <input type="checkbox"/> SHOTGUN	<input type="checkbox"/> EXPLOSIVE DEVICE <input type="checkbox"/> OTHER (DESCRIBE)		
							<input type="checkbox"/> WEAPON/OBJECT PERCEIVED AS:				
SUBJECT ACTIVITY Drug-Related? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Gang-Related? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DID THE SUBJECT COMMIT AN ASSAULT OR BATTERY AGAINST THE INVOLVED MEMBER PERFORMING A POLICE FUNCTION?		<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	IF YES, IDENTIFY MANNER OF ATTACK? <input type="checkbox"/> Shot/Shot At <input type="checkbox"/> Stabbed/Cut (Including Attempt) <input checked="" type="checkbox"/> Other (Including Verbal Threats)	<input type="checkbox"/> Struck/Blunt Force (Including Attempt) <input type="checkbox"/> Other (Including Verbal Threats)			
TYPE OF ACTIVITY? <input type="checkbox"/> Ambush - No Warning <input type="checkbox"/> Traffic Stop <input type="checkbox"/> Investigatory Stop		<input type="checkbox"/> Disturbance - Domestic <input type="checkbox"/> Man with a Gun <input checked="" type="checkbox"/> Disturbance - Mental Health		<input type="checkbox"/> Disturbance - Riot/Mob Action/Civil Disorder <input type="checkbox"/> Disturbance - Other		<input type="checkbox"/> Pursuing/Arresting Subject Charge	<input type="checkbox"/> Processing/Transporting/Guarding Arrestee Charge				
REASON FOR RESPONSE? <input type="checkbox"/> Defense of Self <input checked="" type="checkbox"/> Defense of Member of Public <input type="checkbox"/> Defense of Department Member		<input type="checkbox"/> Defense of Member of Public <input type="checkbox"/> Overcome Resistance or Aggression		<input type="checkbox"/> Stop Self-Inflicted Harm <input checked="" type="checkbox"/> Fleeing Subject		<input type="checkbox"/> Member at Gunpoint <input type="checkbox"/> Used - Attempt to Attack Member <input type="checkbox"/> Possessed <input type="checkbox"/> Used - Attacked Member	<input type="checkbox"/> Obtained Member's Weapon				
MEMBER'S RESPONSE (Check all that apply)	FORCE MITIGATION EFFORTS				CONTROL TACTICS						
	<input checked="" type="checkbox"/> MEMBER PRESENCE <input type="checkbox"/> VERBAL DIRECTION/ CONTROL TECHNIQUES	<input checked="" type="checkbox"/> ZONE OF SAFETY <input type="checkbox"/> SPECIALIZED UNITS	<input type="checkbox"/> MOVEMENT TO AVOID ATTACK <input checked="" type="checkbox"/> ADDITIONAL UNIT MEMBERS	<input checked="" type="checkbox"/> TACTICAL POSITIONING <input type="checkbox"/> NONE <input type="checkbox"/> OTHER	<input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMDAR	<input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> EMERGENCY HANDCUFFING	<input checked="" type="checkbox"/> OTHER CRISIS NEGOTIATION				
	RESPONSE WITHOUT WEAPONS		RESPONSE WITH WEAPONS								
<input type="checkbox"/> OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN <input type="checkbox"/> ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> KNEE STRIKE		<input type="checkbox"/> KICKS <input checked="" type="checkbox"/> OTHER NOISE FLASH DIVERSIONARY DEVICE		<input type="checkbox"/> OC/CHEMICAL WEAPON <input type="checkbox"/> OC/CHEMICAL WEAPON W/ AUTHORIZATION* <input type="checkbox"/> LRAD W/ AUTHORIZATION*	<input type="checkbox"/> TASER <input type="checkbox"/> CANINE <input type="checkbox"/> BATON/EXPANDABLE BATON	<input type="checkbox"/> IMPACT MUNITIONS (DESCRIBE BELOW)	<input type="checkbox"/> REVOLVER <input checked="" type="checkbox"/> RIFLE <input type="checkbox"/> OTHER LESS LETHAL SHOTGUN				
*AUTHORIZED BY (NAME)				RANK	STAR NO.	UNIT NO.					
WEAPON DISCHARGE	NO. OF WEAPONS DISCHARGED BY THIS MEMBER 2		WEAPON TYPE: <input type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> CHEMICAL WEAPON <input type="checkbox"/> REVOLVER <input checked="" type="checkbox"/> RIFLE <input type="checkbox"/> LASER		SHOTGUN <input type="checkbox"/> OTHER <input type="checkbox"/> LESS LETHAL SHOT	WEAPON SERIAL NO. L288055	WEAPON CERT. NO.				
	DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		DID THE DISCHARGE RESULT IN A SELF-INFILCTED INJURY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES-SUBJECT <input type="checkbox"/> YES-MEMBER		WAS SUBJECT VEHICLE USE AS A WEAPON? <input type="checkbox"/> NO <input type="checkbox"/> YES - AGAINST MEMBER <input type="checkbox"/> YES - AGAINST OTHER PERSON						
	WAS DISCHARGE ONLY TO DESTROY/DETER AN ANIMAL? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		WAS THIS AN UNINTENTIONAL DISCHARGE DURING A NON-CRIMINAL INCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		PERSON/OBJECT(S) STRUCK BY THE DISCHARGE OF MEMBER'S WEAPON (CHECK ALL THAT APPLY): <input checked="" type="checkbox"/> SUBJECT <input type="checkbox"/> DEPARTMENT <input type="checkbox"/> ANIMAL <input type="checkbox"/> NONE <input type="checkbox"/> OTHER OBJECT <input type="checkbox"/> OTHER PERSON <input type="checkbox"/> VEHICLE <input type="checkbox"/> UNKNOWN						
TASER DISCHARGE ONLY		TASER DART ID NO.		PROPERTY INVENTORY NO.	PROBE DISCHARGE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER	CONTACT STUN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER	ARC CYCLE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER	SPARK DISPLAY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER			
FIREARM DISCHARGE ONLY		WHO FIRED FIRST SHOT? <input checked="" type="checkbox"/> MEMBER <input type="checkbox"/> OFFENDER		TOTAL NO. OF SHOTS MEMBER FIRED 1	WAS FIREARM RELOADED DURING INCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MAKE/MANUFACTURER BUSHMASTER FIREARMS	MODEL XM15E2	DID MEMBER FIRE AT A VEHICLE? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES			

## NOTIFICATIONS AND NARRATIVE

NOTIFICATIONS (ALL INCIDENTS):  IMMEDIATE SUPERVISOR  DISTRICT OF OCCURRENCE

NOTIFICATIONS (WEAPONS DISCHARGE AND DEADLY FORCE):  OEMC  CPIC

**NARRATIVE** (IF APPLICABLE, DESCRIBE WITH SPECIFICITY, (1) THE USE OF FORCE INCIDENT, (2) THE SUBJECT'S ACTIONS, AND (3) THE DEPARTMENT MEMBER'S RESPONSE, INCLUDING FORCE MITIGATION EFFORTS AND SPECIFIC TYPES AND AMOUNT OF FORCE USED. THE INVOLVED MEMBER WILL NOT COMPLETE THE NARRATIVE SECTION FOR ANY FIREARM DISCHARGE INCIDENTS (WITH OR WITHOUT INJURY) OR IN ANY USE OF FORCE INCIDENTS RESULTING IN DEATH.)

REPORTING MEMBER (Print Name)  
MOLINA, LUIS

STAR/EMPLOYEE NO.  
7996

SIGNATURE  
[REDACTED]

### REVIEWING SUPERVISOR

TYPE OF SUBJECT INJURY	<input type="checkbox"/> Minor Contusion <input type="checkbox"/> None / None Apparent <input type="checkbox"/> Minor Swelling	<input type="checkbox"/> Significant Contusion <input type="checkbox"/> Minor Laceration/Abrasions <input type="checkbox"/> Complaint of Substantial Pain	<input checked="" type="checkbox"/> Gun Shot <input type="checkbox"/> Laceration Requiring Sutures <input type="checkbox"/> Broken/Fractured Bone(s)	HOW WAS INJURY SUSTAINED?	<input checked="" type="checkbox"/> Intentional Act by Member <input type="checkbox"/> Unintentional Act by Member	<input type="checkbox"/> Intentional Act by Self <input type="checkbox"/> Unintentional Act by Self	<input type="checkbox"/> Intentional Act by Other <input type="checkbox"/> Unintentional Act by Other
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WITNESSES	LAST NAME	FIRST NAME	M.I.	SEX	RACE	DATE OF BIRTH
	UNK			<input type="checkbox"/> M <input type="checkbox"/> F		
	ADDRESS CHICAGO, IL	TELEPHONE NO.		WITNESS INTERVIEW	OTHER (Specify)	
			<input type="checkbox"/> INTERVIEWED <input type="checkbox"/> NOT <input type="checkbox"/> REFUSED	AVAILABLE		
	WITNESS STATEMENT					

#### REVIEWING SUPERVISOR: COMMENTS

IRT AND COPA ARRIVED ON SCENE, SUPPLEMENTAL REPORTS, INCLUDING WITNESS STATEMENTS WERE SUBSEQUENTLY PREPARED

ATTACHMENTS:  CASE REPORT  ARREST REPORT  SUPPLEMENTARY REPORT  INVENTORY  IOD REPORT  TASER DOWNLOAD  OTHER

#### REVIEWING SUPERVISOR:

I HAVE COMPLIED WITH THE DUTIES OUTLINED IN G03-02-02.

LOG NUMBER OBTAINED FROM THE CIVILIAN OFFICE OF POLICE ACCOUNTABILITY (COPA). LOG NO. OBTAINED.

I HAVE REVIEWED THIS TACTICAL RESPONSE REPORT AND AFFIRM THAT THE REPORT IS LEGIBLE AND COMPLETE.

REVIEWING SUPERVISOR NAME (Print)	STAR NO.	SIGNATURE	DATE/TIME COMPLETED
PARK, DAVID	1006	[REDACTED]	16-JUN-2018 0927

DISTRIBUTION OF TRR: IF A PAPER TRR WAS COMPLETED DUE TO AN UNAVAILABILITY OF THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION:

1. THE ORIGINAL TRR WILL BE FORWARDED TO DIRECTOR, RECORDS DIVISION - TO BE INCLUDED WITH THE CORRESPONDING CASE FILE.
2. A COPY OF THE PAPER TRR AND THE ATTACHMENTS WILL BE FORWARDED TO:
  - A. THE INVESTIGATING SUPERVISOR RESPONSIBLE FOR THE INVESTIGATION,
  - B. CIVILIAN OFFICE OF POLICE ACCOUNTABILITY (COPA), AND
  - C. DIRECTOR, INFORMATION SERVICES DIVISION, TO ENSURE DATA ENTRY AND ATTACHMENT SCANNING INTO THE AUTOMATED TACTICAL RESPONSE REPORT (A-TRR) APPLICATION.

TRR 1 OF 1 TRR(S)

# TACTICAL RESPONSE REPORT - INVESTIGATION/Chicago Police Department

INCIDENT INFORMATION	DATE OF INCIDENT 16-JUN-2018	TIME 0215	ADDRESS OF OCCURRENCE [REDACTED] S COMMERCIAL AVE CHICAGO, IL 60617	EVENT NO. 18248	RD NO. JB308950		
	RANK 9161	MEMBER LAST NAME MOLINA	MEMBER FIRST NAME LUIS	EMPLOYEE NO. [REDACTED]	CB NO. [REDACTED]	CHARGE [REDACTED]	
	SUBJECT LAST NAME LLAMAS	SUBJECT FIRST NAME LUIS		M.I.	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE WWH	D.O.B. [REDACTED] 993

## LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

SUBJECT'S STATEMENT REGARDING THE USE OF FORCE  DNA  REFUSED  INTERVIEW NOT CONDUCTED (Specify Reason)

Death of offender by self inflicted GSW

## LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS

ADDITIONAL ATTACHMENTS

As of this report no further action by the undersigned is required. The investigation into the incident will be done by the Investigative Response Team (IRT) and the Civilian Office of Police Accountability (COPA). Based on the facts available at this time further investigation is needed. This TRR should be read in conjunction with all other reports and additional TRR's.

## LT OR ABOVE/INCIDENT COMMANDER:

I HAVE COMPLIED WITH THE DUTIES OUTLINED IN G03-02-02.  
 I HAVE CONCLUDED THAT THE MEMBER'S USE OF FORCE  
 REQUIRES A NOTIFICATION TO THE INDEPENDENT POLICE  
 REVIEW AUTHORITY (IPRA) / CIVILIAN OFFICE OF POLICE  
 ACCOUNTABILITY (COPA). LOG NO. OBTAINED:  
 1029896

BASED ON THE PRELIMINARY  
 INFORMATION THAT I HAVE  
 REVIEWED AND THAT WAS  
 AVAILABLE AT THE TIME OF  
 THIS REPORT, THE  
 MEMBER'S USE OF FORCE  
 RESPONSE APPEARS TO BE:

- IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.  
 NOT IN COMPLIANCE WITH DEPARTMENT POLICY AND  
 DIRECTIVES.  
 A DEADLY FORCE OR OFFICER-INVOLVED DEATH INCIDENT.

## ACTIONS RECOMMENDED? NO YES, DESCRIBE BELOW:

- INDIVIDUAL DEBRIEFING WITH SUPERVISOR  REVIEW LEGAL/TRAINING BULLETIN  
 REVIEW STREAMING VIDEO  STRESS REDUCTION SEMINAR  
 REVIEW DEPARTMENT DIRECTIVES

## OTHER:

Tramatic Incident Stress Management Program

LT OR ABOVE/INCIDENT COMMANDER NAME (Print)

STAR NO.

SIGNATURE

VALADEZ, FRANCIS A

484

DATE/TIME COMPLETED

20-Jun-2018 2134

Cog#1089886  
AKG